



**EXISTING ON-SITE WASTEWATER SYSTEM INSPECTION
AND/OR WATER SUPPLY INSPECTION APPLICATION**

REQUESTED BY:

Name: _____ Phone #: _____ Email: _____

Address: _____
Route, Box, or Street Address City State Zip

Reason for inspection: ____ Financial Institution, ____ Building permit, ____ Division of Property,
____ System Failure, ____ Other

IF REPORT IS TO BE SENT TO ANOTHER AGENCY, PLEASE PROVIDE INFORMATION:

Name: _____ Phone: _____ Email: _____

Address: _____

WASTEWATER INFORMATION:

Name of Current Property Owner: _____

Property Address: _____
Street Address City State Zip

Directions to site: _____

(please draw a map on the back)

Property Serial # _____ Year Home Was Built: _____

Original Property Owner: _____

Individual or Contractor who installed system: _____ Date of Installation: _____

Signed and dated "Quality Verification of Septic Systems by Scavenger Services" form may be required.

Dates and descriptions of any inspections, repairs, replacements, or upgrades:

There is no guarantee that TriCounty Health Department will find information on this research request.

Signature: _____ Date: _____

Fees: Existing Onsite Wastewater System only – \$200.00 Existing Water Well Inspection - \$100.00 + lab fees
HEALTH DEPARTMENT USE ONLY

Date Received: _____ Amount Paid: _____ Receipt # _____

Recv'd By: _____ Research Time: _____ Insp. ____ Research ____ Permit # _____
Water Supply ____

